

Datapoint

Information from the Division of Health Care Finance and Policy
 Massachusetts Acute Care Hospital Inpatient Discharges
 Q1 FY01 (10/01/00–12/31/00) versus Q1 FY02 (10/01/01–12/31/01)

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Number 8
 Q1 FY01 and Q1 FY02

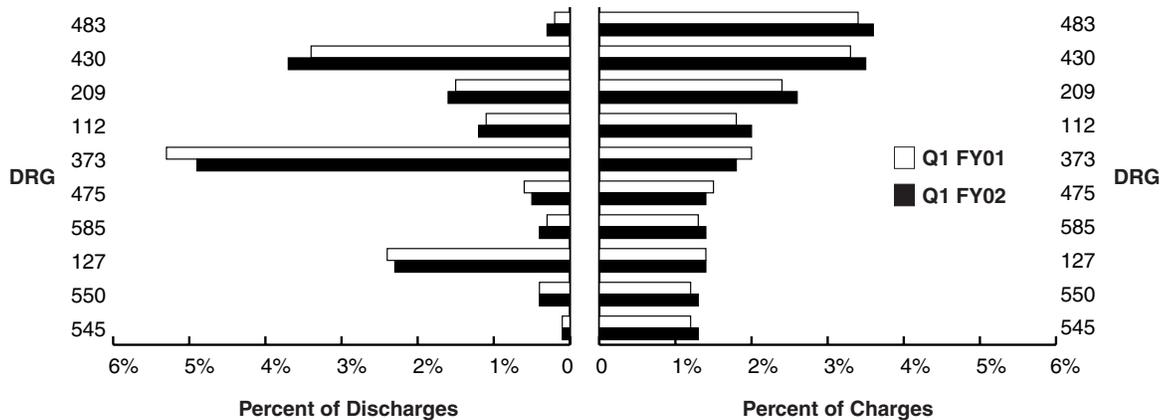
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 Division of Health Care
 Finance and Policy

This issue compares two quarters
 of data (Q1 FY01 and Q1 FY02).
 Look for the data behind
 Datapoint on the DHCFP web site.

What is Datapoint?

Datapoint is a quarterly
 publication that highlights the
 most current information available
 about the Massachusetts short stay
 acute care hospital industry. To
 obtain additional copies, please
 call the Division of Health Care
 Finance and Policy Office of
 Communications at (617) 988-3125.
 To share your comments and
 suggestions for future editions,
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 please contact Bennett Locke at
 (617) 988-3144 or by email at
 ben.locke@state.ma.us.

Top Ten DRGs Ranked by Percent of Charges



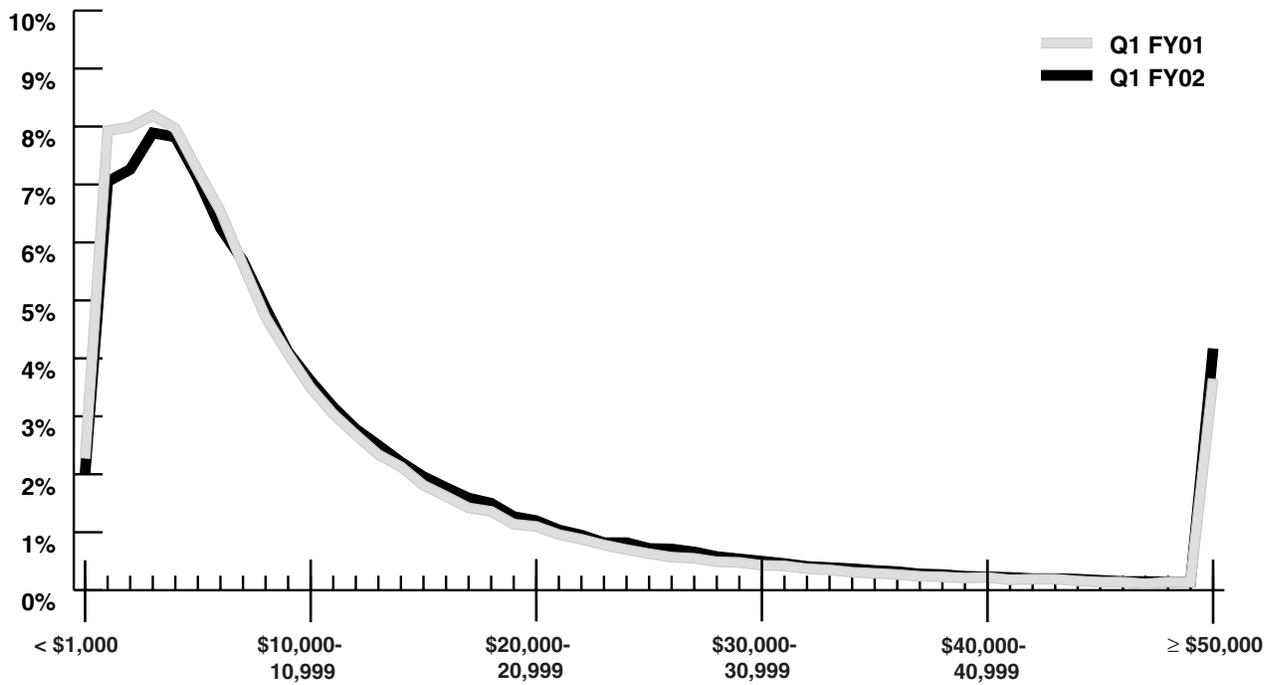
Note: See table below for DRG labels. DRGs are based on the 3M All-Patient Grouper, version 12, and ranked according to percent of total charges for Q1 FY02.

Mean Charges per Discharge and Length of Stay for Top Ten DRGs

DRG	Mean Charges per Discharge		Mean LOS	
	Q1 FY01	Q1 FY02	Q1 FY01	Q1 FY02
483: Tracheostomy except for face, mouth and neck diagnoses	\$205,549	\$207,028	39.5	40.2
430: Psychoses	\$12,872	\$13,398	10.7	10.6
209: Major joint and limb reattachment procedure of lower extremities	\$21,993	\$22,940	4.4	4.4
112: Percutaneous cardiovascular procedure without AMI	\$22,475	\$24,453	2.1	2.0
373: Vaginal delivery without complications	\$4,999	\$5,290	2.2	2.2
475: Respiratory system diagnosis with ventilator support	\$33,443	\$38,742	10.5	11.3
585: Major stomach, esophageal, duodenal, small and large bowel procedure with major CC	\$51,682	\$56,881	15.6	15.7
127: Heart failure and shock	\$8,026	\$8,759	4.3	4.3
550: Other vascular procedures with major CC	\$42,673	\$43,241	9.5	8.0
545: Cardiac valve procedure with major CC	\$121,906	\$130,774	15.0	14.7

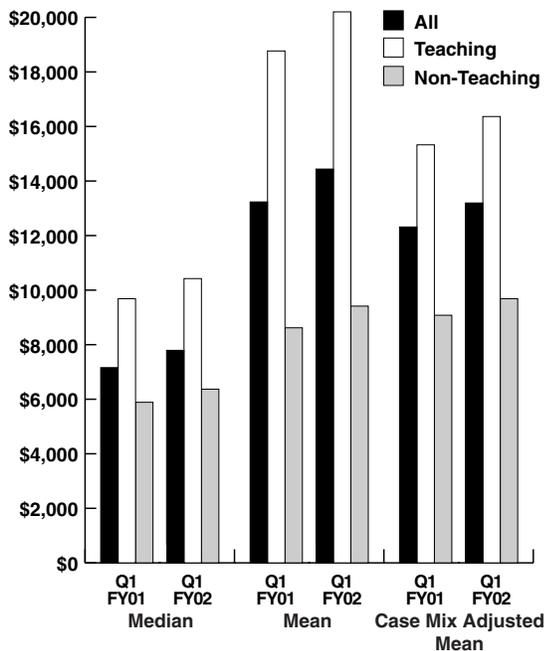
Note: AMI = acute myocardial infarction, CC = complications or comorbidities

Distribution of Total Charges per Discharge

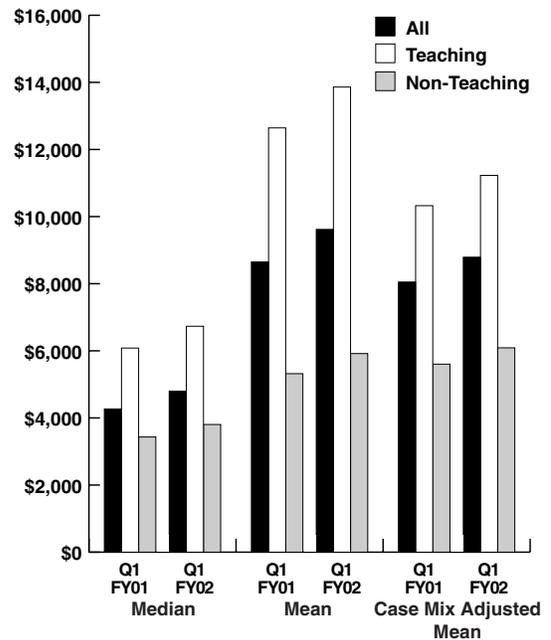


Note: Lines represent percent of discharges in each \$1,000 charge interval.

Total Charges per Discharge

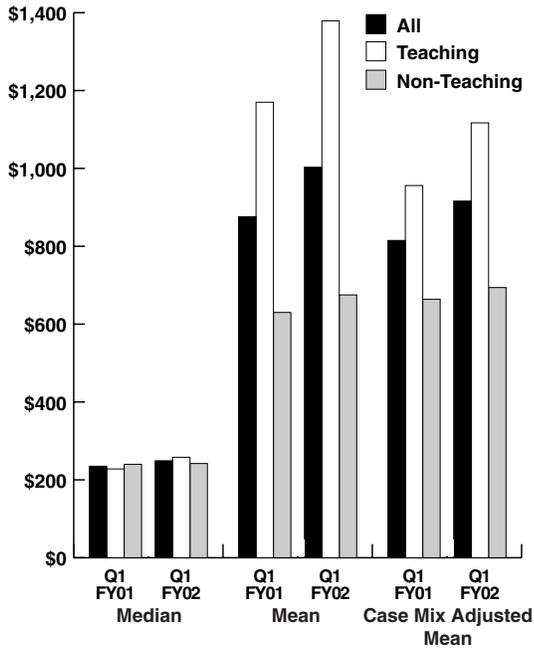


Ancillary Charges per Discharge

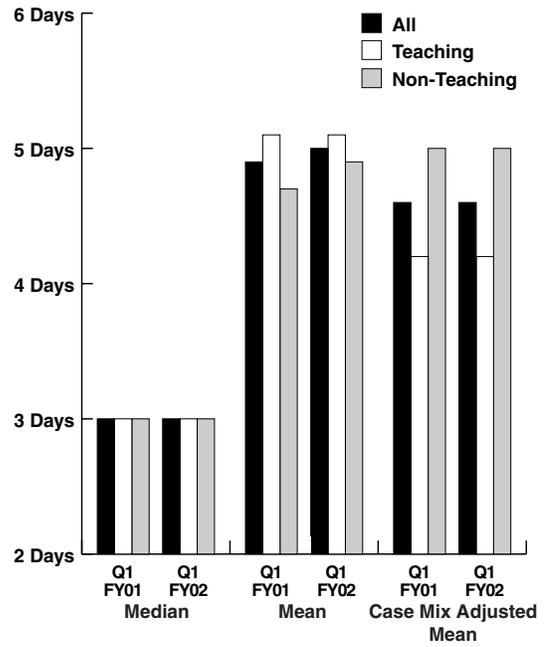


Note: Ancillary charges include all charges except those for routine and special accommodations.

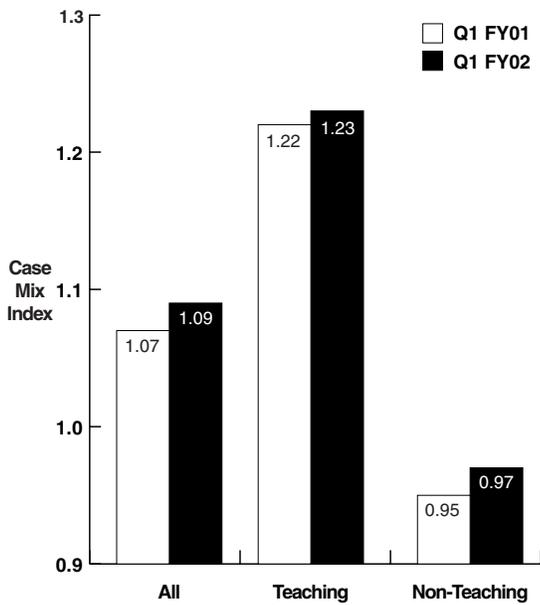
Pharmacy Charges per Discharge



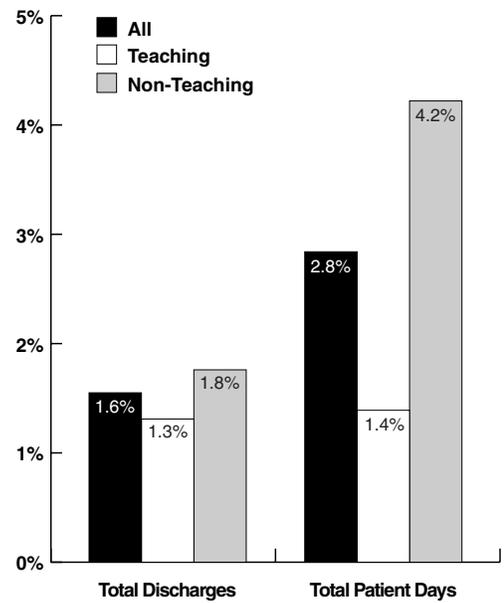
Length of Stay



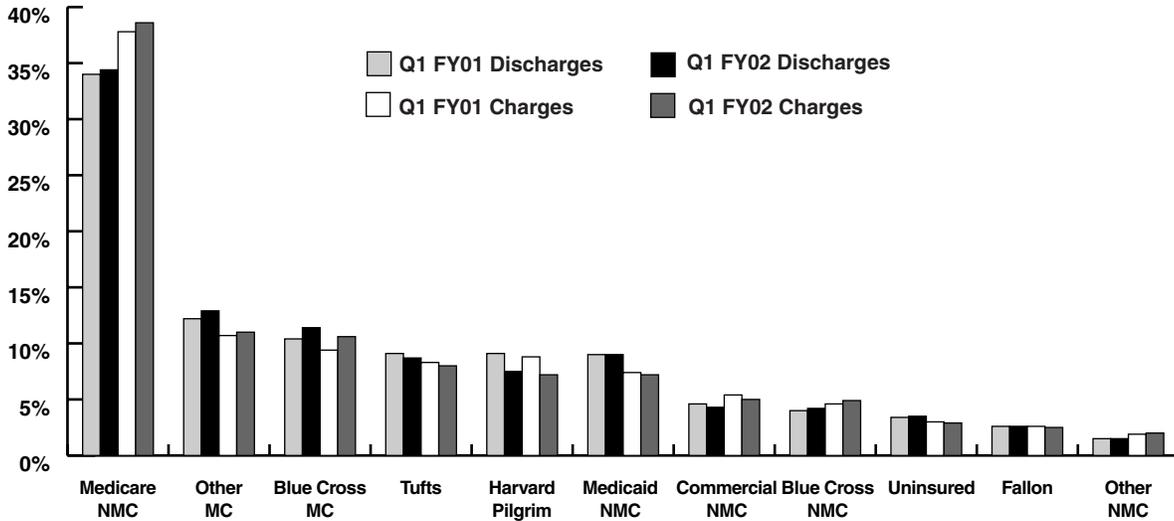
Case Mix Index



Percent Change in Discharges and Days (Q1 FY01 to Q1 FY02)

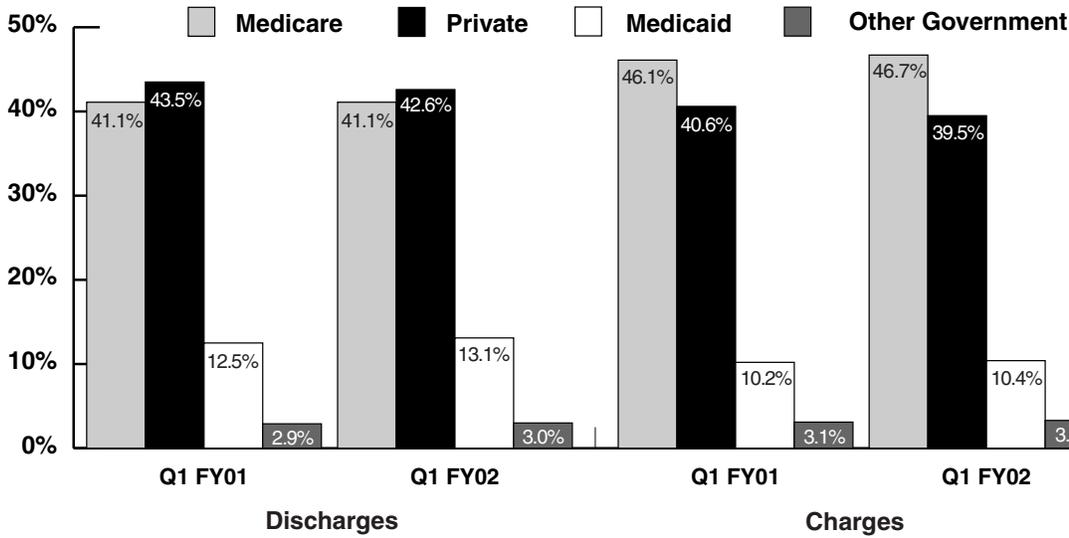


Payer Categories by Percent of Discharges and Charges



Note: Ranked by percent of total charges statewide Q1 FY02. MC = managed care. NMC = non-managed care. "Other MC" includes Health New England, US Healthcare, Medicaid primary care clinician, Massachusetts Behavioral Health Partnership, other HMOs, PPOs, and POSs. "Other NMC" includes: Workers' Compensation and other government payment.

Government and Private Payers by Percent of Discharges and Charges



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Note: "Other Government" includes workers' compensation and other government payment.

Endnotes

Statistics for the first quarter of FY02 (10/01/01 to 12/31/01) are based on short stay acute hospital inpatient discharge data received as of 8/14/02; some data that failed DHCFFP edits have been included. Data from 77 hospitals are included in this edition of *Datapoint*. This includes data from 18 teaching hospitals and 59 non-teaching hospitals. The underlying statistics used to create the *Datapoint* graphics are available on our web site: www.mass.gov/dhcfp.

The following hospitals are categorized as teaching hospitals: Baystate Health Systems, Berkshire, Beth Israel Deaconess, Boston Medical Center, Brigham and Women's, Cambridge, Carney, Children's Medical Center, Dana Farber, Faulkner, Lahey Clinic, Mass. Eye and Ear, Mass. General, Mount Auburn, New England Medical Center, St. Elizabeth's, Saint Vincent, UMass/Memorial Medical Center.

Charges are not inflation-adjusted and do not represent costs or payments.

Case mix index is calculated using Massachusetts cost weights (base year = FY93) for the 3M All-Patient Grouper, version 12.